

Serial No. 10/726,962

PATENT

REMARKS

In the Office Action dated June 6, 2007 claims 1 to 5, 19 to 23 and 25 to 27 were pending of which claims 1 to 5, 19 to 23 and 25 to 27 were rejected and claims 25 to 27 were objected to.

In particular:

- Claims 25 to 27 are objected to because of incorrect dependencies.
- Claims 1 to 3 and 5 were rejected under 35 U.S.C. 102(e) as being anticipated by Cook et al (US Patent 7,175,652).
- Claim 4 is rejected under 35 U.S.C. 103(a) as being unpatentable over Cook et al (US Patent 7,175,652) in view of Ivancev et al (US Patent 6,773,457).
- Claims 19, 20, 23 and 25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Chobotov et al (US 2002/0151953) in view of Ivancev et al (US Patent 6,773,457)
- Claims 21, 22, 26 and 27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Chobotov et al (US 2002/0151953), in view of Ivancev et al (US Patent 6,773,457) and in view of Cook et al (US Patent 7,175,652).

CLAIM AMENDMENTS

Claims 1 to 5 have been cancelled.

The subject matter of claim 20 has been added into claim 19 and claim 20 has been cancelled.

Claim 19 is also amended to specify that the proximal end of the prosthesis is fastened to the deployment catheter adjacent to the nose cone and the distal end of the prosthesis is fastened to the nose cone dilator. Support for this amendment may be found on page 7 of the specification as lodged. We submit that in making this amendment no new subject matter has been added.

The dependencies of claims 25 to 27 have been amended and we thank the examiner for pointing this informality out to us.

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Claim 22 is amended to clarify its wording.

Claim 23 is amended to remove superfluous wording.

Claim 27 is amended to clarify where the uncovered stent is released from. We submit that in making this amendment no new subject matter has been added.

DISCUSSION

The objections to Claims 1 to 5 have been rendered moot by the cancellation of these claims.

Claims 19, 20, 23 and 25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Chobotov et al (US 2002/0151953) in view of Ivancev et al (US Patent 6,773,457).

Claim 19 defines a combination of deployment device and prosthesis in which the prosthesis is mounted onto the deployment device such that after the thoracic arch of a patient has been exposed by open chest surgery and an incision has been made into the wall of the aorta the combination of part of the deployment device and the prosthesis can be deployed through the incision down into the descending aorta. The first stage in the process of implanting the prosthesis is to fasten the central portion to the aortic wall at the thoracic arch. To enable this to happen the prosthesis is mounted onto the deployment device such that:

"the prosthesis being everted and the proximal and distal ends of the prosthesis being fastened to the distal end of the deployment device with the proximal end within the distal end and a central portion of the prosthesis extending proximally and wherein the central portion is mounted to a manipulator on the deployment device."

That is, the three places on the prosthesis are fastened to different portions of the deployment device, each of which can be moved separately.

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The disclosure and teaching of Chobotov et al is that a prosthesis can be mounted onto a deployment device with a distal end and a proximal end at opposite ends and no mounting of a central portion.

The reference Ivancev et al teaches an entirely manual method of introducing a prosthesis into the descending aorta and there is no teaching or suggestion that a mechanical device could be used to assist the surgeon in this process. There is particularly no teaching or suggestion in Ivancev et al that the central portion of the device could be retained on a mechanical device while the proximal and distal ends are placed down a descending aorta on a deployment device.

There is no teaching or suggestion in Ivancev et al of how the graft material may be supported while its central portion is being stitched to the aortic wall.

There is no teaching or suggestion in Chobotov et al or in Ivancev whether taken singly or in combination of a three point mounting system to support a stent graft on a delivery device.

Overall we submit that Claim 19 is patentable over Chobotov et al (US 2002/0151953) in view of Ivancev et al (US Patent 6,773,457).

Claims 23 and 25 which depend from a patentable claim 19 are also, patentable over Chobotov et al (US 2002/0151953) in view of Ivancev et al (US Patent 6,773,457)

Claims 21, 22, 26 and 27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Chobotov et al (US 2002/0151953), in view of Ivancev et al (US Patent 6,773,457) and in view of Cook et al (US Patent 7,175,652). Claims 21, 22, 26 and 27 which depend from a patentable claim 19 are also, patentable over Chobotov et al (US 2002/0151953) in view of Ivancev et al (US Patent 6,773,457) and in view of Cook et al (US Patent 7,175,652). The additional reference of Cook does not teach the three point mounting of a stent graft onto a delivery device as shown in the present application and as discussed above.

The re-examination and consideration of this application is respectfully requested, and it is further requested that the application be passed to issue.

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Although the foregoing discussion is believed to be dispositive of the issues in this case, applicants' attorney requests a telephone interview with the Examiner to further discuss any unresolved issues remaining after the Examiner's consideration of this response and amendment.

Respectfully submitted,

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